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Borough of Shrewsbury



REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1947

A. D. SYMONS, M.D., D.P.H.

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Borough of Shrewsbury



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STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health

Medical Officer for Maternity and Child Welfare

Medical Superintendent of Isolation Hospital

†A. D. SYMONS, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Senior Sanitary Inspector

†*C. STANLEY, Cert. R.S.I.

Additional Sanitary Inspectors

†*N. EDGE, Cert. R.S.I., till March 31st.

†I. G. GRIFFITHS, Cert. R.S.I.

†*C. R. PALING, Cert. R.S.I., resigned May 31st.

†*D. H. LIVESEY, Cert. R.S.I., commenced July 21st.

Health Visitors

†MRS. E. GODSON, B.A., C.M.B.

†MISS E. L. HUGHES, C.M.B., resigned March 31st.

†MISS E. L. CHALLONER, C.M.B.

†MRS. I. L. M. WRIGHT, C.M.B., commenced April 1st.

Matron of Isolation Hospital

MISS A. K. ELLIS, S.R.N., R.F.N., retired April 20th.

MISS D. M. HOWELLS, S.R.N., R.F.N., commenced April 1st.

Chief Clerk

G. NICHOLAS.

Assistant Clerks

†MISS F. C. PUDDLE.

C. MABBOTT.

Abattoir Superintendent and Meat Inspector

*S. R. REED, Cert. R.S.I.

Assistant Meat Inspector

*N. EDGE, Cert. R.S.I., commenced April 1st.

PART-TIME OFFICERS

Medical Officer of Ante-Natal Clinic, Obstetric Consultant, and Consultant for Puerperal Pyrexia, etc.

D. A. URQUHART, M.B., Ch.B.

Assistant Medical Officer, Maternity and Child Welfare

KATHLEEN M. BALL, M.B., B.Ch., D.P.H.

Social Worker (Care of Illegitimate Children)

MISS E. DOUCE, retired May 31st.

MISS D. M. UNGATE, commenced June 1st.

Meteorological Observer

R. GRAY.

Sampling Officer

W. C. HEAS.

Public Analyst

HAROLD LOWE, M.Sc., F.I.C.

*Qualified Meat Inspectors.

†Contribution towards salary made under Public Health Acts or by Exchequer grants.

HEALTH CENTRE,
MURIVANCE,
SHREWSBURY.

April, 1948.

*To the Mayor, Aldermen and Councillors of the
Borough of Shrewsbury*

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the health of the Borough during the year 1947.

There was a slight rise in the birth rate from 17.9 in the two previous years to 18.1 in 1947.

The death rate fell from 12.3 in the previous year to 10.9 in 1947.

The infant mortality rate of 33 per 1,000 live births compared with 48 in the two previous years, was the third lowest infant mortality rate ever recorded in Shrewsbury.

The number of illegitimate births fell from 101 and 75 in 1945 and 1946 respectively to 46 in 1947.

There were no deaths from the recognised infectious diseases other than tuberculosis and influenza, and there were only five cases of diphtheria.

The year 1947 may, therefore, be classed as a satisfactory year as regards the various statistics enumerated above.

The contents of this Report refer to the year 1947, which was the centenary year of the appointment of the first Medical Officer of Health ; it is written in 1948, which is the centenary year of the first Public Health Act, passed in 1848, and as this hundred years of Public Health effort and progress may be regarded as the end of a phase, owing to the coming into force of the National Health Service Act this year, and the imminent reorganisation of Local Government areas and possibly functions, it might be of some interest to briefly recall the past, and to visualise the possibilities of the future.

The great cholera epidemic of 1831-32 caused such a profound shock, instilled such terror into the minds of men, and so stirred their consciences that what might be termed a social revolution which, as subsequent events have proved as regards the health and comfort of the people, was engendered by legislation in the Public Health Act, 1848.

With industrial development and the rapid rise of population early in the nineteenth century, there was a corresponding increase of new towns and expansion of existing ones.

New houses were built in the cheapest possible way without any of the sanitary conveniences which we now expect, and many were crammed from cellar to attic by poorly paid men with large families. Arrangements for the removal of refuse and night soil were most crude and inadequate, so that streets were deep in mire, and courtyards were used as dunghills.

In some towns the accumulated filth of every description raised the surfaces of streets and yards far above their original level, and so foul were the putrescent emanations from this insanitary state of affairs that windows were kept shut to exclude the outside air.

The Public Health Act of 1848, which dealt with nuisances, offensive trades, common lodging houses, and cellar dwellings, among other things, was, unfortunately, permissive, and not obligatory, so that a Local Authority could only be forced to carry out its provisions after a long and expensive local enquiry.

At any rate, the "sanitary idea" took root, and there was passed in 1866 a further Act, which enabled local Corporations to isolate infectious diseases, disinfect houses, provide hospital accommodation, and to deal with overcrowding in dwelling-houses and insanitary conditions in workshops.

These powers were consolidated and amplified in the great Public Health Act of 1875, and in 1899 a comprehensive list of infectious diseases was made compulsorily notifiable to the Medical Officer of Health.

The Public Health Act, 1875, together with subsequent legislation continuing into the twentieth century, dealt mainly with environmental matters as affecting the health of the people, and more particularly the working classes, but it was not till 1890 that an Act giving powers to Local Authorities to provide houses for the working classes was passed.

These legislative measures towards the end of the nineteenth century started the wheels turning in providing better health conditions for the people, but though results were not spectacular, there was improvement.

At the dawn, however, of the twentieth century, the death rate was double what it is to-day ; the infant mortality was three times

as much as it is now, and tuberculosis, due mainly to poor housing conditions, poverty and faulty nutrition took a large toll of life.

It became evident that complacent reliance on existing measures was not sufficient to reduce the high rate of mortality or the incidence of disease, and it was not until the dynamic energy of the first great social reformer of the twentieth century—Lloyd George—vitaminised things, and stirred up consciences by the introduction of the National Health Insurance Act of 1911 which, as part of its provisions, introduced a national system of medical attention for the working classes, and stimulated the institution of sanatoria for tuberculosis.

A few years previous to the passing of this Act, the same Government passed an Education Act in 1906, from which subsequently emerged provisions for the medical inspection of school children.

This latter enactment may be said to have been a turning point in Public Health activities in that up till then, all stress had been laid on environmental causes affecting health, whereas now attention became focused on personal services and the needs of individuals though, of course, environmental measures continued and, with subsequent additions, remain with us to-day.

Unfortunately, the outbreak of war in 1914 put a brake on these social measures, but, as some compensation in that good can come out of evil, the ending of the Great War caused a resumption of progress and at a greater rate than hitherto.

In 1918 the Maternity and Child Welfare Act was passed, laying duties on certain Local Authorities to provide facilities for the care of mothers and young children.

In 1919 a Housing Act was passed, and except for its predecessor of nearly thirty years previously, it may fairly be stated that this was the first Act to stimulate Local Authorities throughout the country to really get to grips with the Housing problem.

During the twenty years between the two world wars, *i.e.*, 1919–1939, many developments or extensions of existing Health Services took place, and embraced such matters as the free diagnosis and treatment of venereal diseases ; clean meat regulations ; clean milk production, and certain measures to deal with tuberculous milk ; food and drug legislation, and steps to curtail the addition of preservatives to food ; provision of ante-natal clinics ; control of midwives ; registration of maternity and nursing homes ; milk and meals for school children ; diphtheria immunisation ; slum

clearance and abatement of overcrowding ; care and control of mental defectives ; nursery schools ; care of illegitimate children, etc.

Can we show any results for these past and present efforts ?

The expectation of life has been increased since 1870 to to-day by about twenty years. It used to be said that a man was " too old at forty." To-day we do not call men old till they are 65, and women till 60.

During this period the death rate has been halved, and whereas the infant mortality rate for the thirty year period 1881 to 1911 was 130 infant deaths per 1,000 live births, during the last twenty years in Shrewsbury, from 1925 to 1945, the average infant death rate has been 47, or a reduction in the infant mortality rate by approximately two-thirds.

In 1878 there were 250 cases of typhoid in Shrewsbury due to the consumption of untreated river water, and there were several cases in each subsequent year till 1910, when pressure filters were installed at Coton Hill Waterworks, since when typhoid has disappeared from the town, except for sporadic cases now and again, which have nothing whatever to do with the drinking water supply.

In assessing the progress so far made in health matters by the past work of pioneers and reformers, we must not attribute all improvements necessarily to legislative action, for much ill-health and mortality in the past has been due not always directly to environmental causes, but to such things as poverty or excessive indulgence in alcohol and to over-eating, and in these respects the habits of the people have changed considerably.

What will the chronicler of the next hundred years be able to record at the end of that period ?

We have entered the Atomic Age, but until this scientific advance makes its repercussions for good or evil felt in the years to come, we can only imagine possible developments in progress for the near future, based on the present facts of the materialistic and mechanical age in which we live.

The potential outlook for the future can be good or bad, according as to whether we harness scientific achievements aright, and discard those which may not be in our best interests.

Let us consider some of the likely happenings in the coming second century of Public Health.

At long last smoke from the wasteful burning of coal will be banished, so that we shall have a clearer atmosphere and cleaner cities, thus conducing to a lessened incidence of respiratory diseases and an improvement of general health.

A scientifically prepared substance may be discovered to combat the tubercle bacillus, but even if this does not come about, mass radiography accompanied by improved nutrition and housing, and by the provision of many more hospital beds for early cases will help to reduce the ravages of this disease, especially when also all milk for human consumption is pasteurised, as it will be until or unless we can rear cattle who are tubercle free.

New drugs, sera or vaccines will undoubtedly arrive of equal or greater potency even than penicillin and the sulphonamides, and just as now we can go a long way to prevent smallpox, typhoid and diphtheria, so other diseases may come under similar control.

It would be foolhardy to predict that cancer and the various types of rheumatism will be conquered, but who, even fifty years ago, would have dreamed of certain present-day triumphs of clinical research? New forms of radio therapy derived from nuclear physics may come to the aid of human suffering.

Our present housing problem will have been solved, but another may take its place in that, owing to birth control and emigration to the Empire or elsewhere, we may have a surplus of houses which, though planned and spaced, are shoddier and more flimsily constructed than those in Georgian or Victorian eras, and will deteriorate and decay more quickly.

The education of the young will probably be more sensible even than it is to-day, and if the children of the future can be taught more about Life, by biological teaching as a basis for later sex instruction, and still later on, marriage guidance and personal behaviour and conduct, many pitfalls and much unhappiness may be avoided.

What are some of the possible adverse factors in the robot age to come?

Such appliances as the photo-electric cell and other as yet unheard of devices will lessen and lessen the need for human endeavour, and these scientific gadgets may in their turn bring about unemployment and increased leisure, apart from the fact that machines themselves having robbed the majority of workers

of their creativeness or craftsmanship, lead to dissatisfaction and boredom, which is unhealthy.

There may be a food problem worse than at present, unless our population becomes so reduced that we are able to produce at any rate most of the basic foods for our needs. The population of the world is increasing, whereas soil fertility is decreasing, owing to man's exploitation and his short-sighted policy. If, with an increased world population, such countries as India or China, start to pay attention to preventable diseases and save life by science, then there will still be more mouths to feed than ever, with the result that such backward countries will require more of the world's food, and there will be correspondingly less for those countries whose present standard of living is comparatively higher.

It is likely, therefore, that if there is a world food shortage, the scientist will step in and will try to bamboozle and delude us with synthetic foods much in the same way that synthetic vitamins are now in vogue !

In 1900 there were one million aged persons in Britain ; in 1947 there were five millions ; it is estimated that in 1980 there will be nine millions. This is undoubtedly a present as well as a future health problem, which will not be eased if there is continued emigration of the young, or if medical science contributes towards an expectation of life longer than at present.

With increasing restlessness encouraged by enlarged or cheaper facilities for speedier travel, whilst many may journey to the various parts of the world for cultural experience, many will travel in an elusive search for happiness, in order to get away temporarily from their surroundings, which bore them.

There will probably be an increase in neurosis amongst civilised populations.

If the forces which at present curtail the liberty of the individual are increased in the future, it is quite possible that some of our perfectionist planners will urge the adoption of positive eugenics as a national policy. This might entail an interview and an examination by a local committee composed of psychiatrists, geneticists and physiologists, who might have the power to grant or withhold a permit for matrimony !

And whilst on the subject of marriage, it is somewhat disconcerting to imagine what may happen to that institution, should the unnatural practice of artificial insemination, commenced with

cattle, and now adopted for human beings, become a recognised procedure, even if the legal difficulties over parentage be overcome.

The potentialities for good, for health, and for happiness in the future are manifold. As has been stated, " Medicine, sociology, economics and psychology are becoming integrated ; we are seeking to eliminate fear, insecurity, poverty and the loneliness of old age, as well as pathogenic bacteria. In this broadening of outlook lies the best hope for a posterity who will be healthier, more vigorous, more alert and happier than were their ancestors."

If, therefore, civilised man is to make the most of his opportunities, is it not desirable that at least four aims should be kept foremost : (1) Work ; (2) Right Use of Leisure ; (3) Family Life ; (4) Revival of Spiritual Awareness ?

I have to offer my best thanks to my staff and to my colleagues in other Departments for their help and kind co-operation during the year.

I have the honour to be

Your obedient servant,

A. D. SYMONS.

GENERAL STATISTICS, 1947

Rateable value of the Borough	...	...	...	£315,476
Sum represented by a Penny Rate	...	...	...	£1,253
Area of the Borough (excluding water) in acres	...	...	...	8,034
Population (Registrar General's estimate, middle of 1947)	...	...	...	44,110
Persons per acre calculated on above population	...	...	...	5.5
Inhabited houses (December 31st, 1947)	...	...	...	11,735

	MALE	FEMALE		
Live Births	{ Legitimate 393 Illegitimate 18 }	{ 358 28 }	Total	797
BIRTH RATE per 1,000 estimated resident population				18.1
Stillbirths	...	...	...	19
Stillbirth Rate per 1,000 Total Births			...	23.3
Deaths	...	...	...	483
DEATH RATE per 1,000 population			...	10.9
Deaths from Puerperal Sepsis	...	...	...	Nil
„ „ Other Puerperal causes	...	...	...	2
MATERNAL MORTALITY per 1,000 Total Births (live and still)	...	...	...	2.4
INFANT MORTALITY RATE.	...	...	...	33
Legitimate Infant Mortality Rate per 1,000 legitimate live births	...	...	...	32
Illegitimate Infant Mortality Rate per 1,000 illegitimate live births	...	...	...	43
Deaths from Cancer (all ages)	...	...	...	77
„ „ Measles (all ages)	...	...	...	Nil
„ „ Whooping Cough (all ages)	...	...	...	Nil
„ „ Diarrhoea (under 2 years of age)	...	...	...	3

WEATHER CONDITIONS

A Climatological Station approved by the Air Ministry is situated at Monkmoor Isolation Hospital, where daily readings and recordings of weather conditions are taken.

The year 1947 will long be remembered by many on account of a combination of outstanding weather conditions.

Towards the end of January, severe weather set in, and for six to seven weeks the area was snow and frost-bound.

An unusually fine and dry summer followed, culminating in drought conditions extending into the autumn.

Rainfall.—The total rainfall was 22.15 inches, compared with 29.04, 23.93 and 23.29 in the previous years respectively.

Sunshine.—The number of hours of bright sunshine recorded was 1,380.6, compared with 1,324.7 and 1,326.8 in the previous years respectively.

August, with 244.7 hours of sunshine, was the sunniest month.

Temperatures.—Extremes of temperature during the year were as follows :—

WARMEST DAY (Highest Shade Maximum)	August 16th	86°
WARMEST NIGHT (Highest Shade Minimum)	July 28th	63°
COLDEST DAY (Lowest Shade Maximum)	January 29th	24°
COLDEST NIGHT (Lowest Shade Minimum)	March 7th	2°

The hottest day in the sun was June 26th, with 130°.

The Observer, Mr. R. Gray, continues to carry out his work with consistent care and accuracy.

Weather Statistics.

Shrewsbury, 1947.

1947 Month	Barometric Pressure in Inches	AIR TEMPERATURE IN SHADE °F				Hottest Day in Sun	SUNSHINE IN HOURS			RAINFALL IN INCHES		
		Mean Maximum and Date	Mean Minimum	Lowest Minimum and Date	Mean Temperatures		Most Sunshine in one Day	Daily Means	Total Hours	No. of Rainy Days	Greatest fall in one Day	Total Rainfall
Jan. ...	29.975	41.4 57° on 16th	31.4	13° on 30th	36.4	85° on 15th	7.2 on 17th	1.48	45.9	21	0.35 on 11th	1.69
Feb. ...	29.804	32.3 40° on 26th	24.0	3° on 24th and 25th	28.1	80° on 27th	8.8 on 24th	0.97	27.2	12	0.25 on 25th	1.07
Mar. ...	29.561	44.5 56° on 28th	32.4	2° on 7th	38.4	94° on 8th, 25th & 26th	8.9 on 9th	2.40	74.5	24	0.62 on 12th	4.40
April ...	29.985	53.0 69° on 16th	40.5	31° on 5th	46.7	105° on 15th and 25th	13.3 on 26th	4.98	149.4	14	0.43 on 7th	1.90
May ...	29.975	64.3 82° on 31st	46.9	37° on 2nd	55.6	117° on 29th	14.2 on 28th	5.16	160.0	14	0.47 on 2nd	2.40
June ...	29.941	68.3 85° on 2nd and 3rd	51.6	41° on 13th	59.9	130° on 26th	12.6 on 1st	5.75	172.6	16	0.36 on 14th	1.32
July ...	29.947	70.3 88° on 27th	54.8	47° on 12th and 22nd	62.5	128° on 14th	12.6 on 27th	5.15	159.7	18	1.09 on 18th	3.18
Aug. ...	30.122	76.2 86° on 16th	53.8	44° on 25th	65.0	124° on 18th	12.3 on 14th	7.89	244.7	3	0.37 on 3rd	0.43
Sept. ...	30.031	67.1 75° on 2nd	50.3	37° on 26th	58.7	115° on 5th	9.7 on 21st	4.24	127.1	15	0.23 on 12th	1.59
Oct. ...	30.185	59.1 69° on 4th	41.8	28° on 21st	50.4	103° on 8th	7.8 on 3rd	3.15	97.8	10	0.16 on 13th	0.47
Nov. ...	29.900	51.5 63° on 21st and 22nd	39.2	21° on 28th	45.3	87° on 10th	7.7 on 5th	2.74	82.3	17	0.37 on 14th	2.00
Dec. ...	29.988	46.6 55° on 27th	37.5	23° on 1st	42.0	75° on 25th	5.3 on 29th	1.27	39.4	14	0.50 on 5th	1.70
									1380.6			22.15

VITAL STATISTICS

OF WHOLE DISTRICT DURING 1947 AND PREVIOUS YEARS

YEAR	Population (estimated) each year.	BIRTHS	TOTAL DEATHS REGISTERED IN THE DISTRICT	TRANSFERABLE DEATHS	NET DEATHS BELONGING TO THE DISTRICT			
					Under 1 Year of Age		At all Ages	
		Un- corrected Number	Number	Rate	Number	Rate per 1,000 Net Births	Number	Rate
							Crude	Adjusted
1937	38120	535	587	15.4	24	41	490	12.8
1938	38480	489	587	15.2	22	37	494	12.8
1939	39270 40260	531	582	14.7	33	57	515	12.8
1940	42070	725	706	16.4	31	44	590	14.0
1941	45220	784	747	16.6	29	37	539	11.9
1942	44860	771	839	18.7	32	38	419	9.3
1943	42890	751	744	17.3	26	35	509	11.9
1944	42800	833	866	20.2	21	24	441	10.3
1945	42820	730	769	17.9	37	48	481	11.2
1946	44070	750	792	17.9	38	48	542	12.3
1947	44110	807	797	18.1	26	33	483	10.9

POPULATION

The Registrar General's estimate of the civil population of Shrewsbury at the middle of 1947 was 44,110, compared with 44,070 in the previous year.

BIRTHS

The number of live births in 1947 was 797, compared with 792 and 769 in the previous years respectively.

The birth rate for 1947 was 18.1, compared with 17.9, 17.9 and 20.2 in the previous years respectively.

The 797 live births may be analysed as follows :—

		Legitimate	Illegitimate	
Male ...	...	393	18	} 797
Female	...	358	28	

Illegitimate Births

There were 46 illegitimate births, compared with 75, 101 and 102 in the previous years respectively.

The illegitimate birth rate was 1.0 per 1,000 population, illegitimate births being a percentage of 5.8 of the total live births.

Stillbirths

There were 19 stillbirths, compared with 20, 15 and 23 in the previous years respectively.

The stillbirth rate per 1,000 population was 0.43, the stillbirths being a percentage of 2.3 of the total births.

A comparison between the birth rates and stillbirth rates as between Shrewsbury and the average of other areas is set out in the following table.

				Rates per 1,000 Population	
				Live Birth	Stillbirth
England and Wales	...	...	...	20.5	0.50
London	...	...	...	22.7	0.49
126 County Boroughs and Great					
Towns	...	...	...	23.3	0.62
148 Smaller Towns	...	...	...	22.2	0.54
SHREWSBURY	...	...	...	18.1	0.43

DEATHS

The number of deaths during the year was 483, compared with 542, 481 and 441 in the previous years respectively.

Of the 483 deaths, 239 were males and 244 were females.

The crude death rate was 10.9 per 1,000 population, compared with 12.3, 11.2 and 10.3 in the previous years respectively.

It is interesting to note that there were no deaths from the following what are commonly called "fevers": typhoid fever, cerebro-spinal fever, scarlet fever, whooping cough, diphtheria, measles, acute poliomyelitis and puerperal sepsis.

Of the three deaths from road traffic accidents, two were children under 10 years of age, and one was an adult of 65 or over.

INFANT MORTALITY RATES 1918 - 1947



Shrewsbury

England and Wales



INFANT MORTALITY

The number of deaths of infants under one year of age was 26, compared with 38 and 37 in the previous years respectively.

The infant mortality rate was 33 per 1,000 live births, compared with 48 and 48 in the two previous years.

In Shrewsbury's history there have only been two other years with a lower infant mortality rate, namely, a rate of 31 in 1935 and a rate of 24 in 1944.

As 1947 will be the last complete year in which your Maternity and Child Welfare Committee, set up after the passing of the Maternity and Child Welfare Act of 1918, will be responsible for the care and welfare of mothers and young children, a graph of the infant mortality rates which, with its ups and downs, nevertheless shows a gradual and steady decline in infant mortality, has been included in this Report.

If, in this graph, which compares Shrewsbury's infant mortality rate with that of England and Wales as a whole, and one takes the average infant mortality rate for the period of these thirty years, it demonstrates that, whereas the average rate for England and Wales has been 63, that for Shrewsbury has been 52.

Infant Mortality, 1947

Net deaths from stated causes at various ages under 1 year of age.

CAUSES OF DEATH				Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 1 month	1 month and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 months	Total deaths under 1 year
No.													
Congenital Causes	15	Prematurity	...	4	—	—	—	4	—	—	—	—	4
		Atelectasis	...	2	—	—	—	2	—	—	—	—	2
		Spina Bifida	...	1	—	—	—	1	—	—	—	—	1
		Heart Disease	...	2	—	1	1	4	—	—	—	—	4
		Pyloric Stenosis	...	—	—	—	—	—	1	—	—	—	1
		Multiple Congenital Deformities	...	1	—	—	—	1	—	—	—	—	1
		Debility	...	—	1	—	—	1	—	—	—	—	1
		Meningocele	...	—	—	—	—	—	1	—	—	—	1
Respiratory	4	Pneumonia	...	—	—	—	—	—	3	—	—	1	4
Gastro-Intestinal	4	Gastro Enteritis	...	—	—	—	1	1	1	1	—	—	3
		Acute Gastritis	...	—	—	—	—	—	—	—	1	—	1
Miscellaneous	3	Pink Disease	...	—	—	—	—	—	—	—	1	—	1
		Purpura	...	—	—	—	—	—	1	—	—	—	1
		Acute Oedema of Brain	...	—	1	—	—	1	—	—	—	—	1
Totals	26			10	2	1	2	15	7	1	2	1	26

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply

Mr. A. B. Baldwin (Water Engineer) has kindly provided the following notes on the water supply of the town, together with statistics of laboratory examinations at Shelton Waterworks :—

“ **River Severn Supply.**—During the year under review the supply of water from this source has been maintained free of all restriction. The completion of the first instalment of the Trunk Distribution Main has improved the pressure of supply in those areas referred to in last year's report as suffering from inadequate pressure. The average daily quantity supplied amounted to 2,082,323 gallons, which is equivalent to 47.32 gallons per head per day. The reduction in the per capita consumption is due principally to restoration of the waste detection service after being in abeyance during the war years.

Routine daily chemical and bacteriological examinations are made at the laboratory at Shelton. A summary of the results of these examinations is given in the accompanying table, which shows that the water supplied to the town has been maintained at a very high standard of purity.

Water from the River Severn supply has been circulated in distribution mains of the conduit supply since that supply was discontinued.

Conduit Supply.—In May of this year the regular routine bacteriological examinations of the conduit supply revealed evidence of contamination too serious to pass into supply with only one line of defence, namely, chlorination. In view of the capital cost and working expenses of adequate treatment plant, and in view of the deteriorated state of the conduit distribution mains, it was reluctantly decided that the conduit system should be put out of service as a regular source of water supply.

Laboratory examination of the conduit water continues regularly, and the Head Works are being put on to a care and maintenance basis.

So ends a chapter in the history of water supply to Shrewsbury, which began in 1552, almost four hundred years ago.”

SHELTON WATER SUPPLY

Average results of Chemical and Bacteriological Examinations, 1947

BACTERIOLOGICAL				
ITEM	RIVER WATER UNTREATED	WATER AFTER STORAGE AND PRECHLORINATION	WATER AFTER FILTRATION	WATER AFTER STERILIZATION
Probable No. of coliform bacteria present per 100 ml.	1,213+ (Min. 250)	Nil*	Nil*	Nil (212 tests)
Colony count per ml. at 37° C.	380 (Min. 8)	21.0	4.2	2.5 (Min. Nil. Max. 8)
Colony count per ml. at 20° C.	2,150 (Min. 220)	56	43.0	8.5 (Min. Nil. Max. 121)
CHEMISTRY Results expressed as parts per 100,000				
Colour (Hazen scale)	13.5	WATER AFTER STORAGE AND PRECIPITATION	WATER AFTER FURTHER PRECIPITATION (WHEN NECESSARY)	WATER AFTER STERILIZATION AND FILTRATION
pH.	7.3	5	Less than 5	Less than 2
Alkalinity (CaCo ₃)	* 7.4	6.9	6.8	7.06
Chlorides	2.7	6.5	6.4	6.7
Free Ammonia	0.0104	2.7	2.67	2.7
Oxygen absorbed	0.232	—	—	0.012
Total Hardness	—	—	—	0.09
Permanent Hardness	—	—	—	9.6
Residual Chlorine ppm.	—	—	—	2.9
				0.116

* Present on three occasions only

The Water Engineer in his notes having referred to the period of nearly four hundred years during which one source of water supply to the town has been in existence, it is thought fitting for the purpose of historical record, to include in this Report the Joint Report to the Council made in July, 1947, by the Medical Officer of Health and the Water Engineer on the subject of the conduit water supply.

This Report sets out the reasons for recommending that this ancient source of water supply should be discontinued.

It only remains to add that this precautionary step was taken as a duty which was as unpleasant and unpalatable as the water itself was palatable and popular.

Conduit Water Supply

JOINT REPORT BY MEDICAL OFFICER OF HEALTH AND WATER ENGINEER

Past History.—In the Annual Report of the Medical Officer of Health for 1938, the following remarks were made :—

“ There was an unexpected finding in connection with the conduit water supply during the early part of 1938, when the Laboratory Assistant at Shelton reported the presence of bacillus coli, following an examination of conduit water. Samples were forwarded to the Birmingham University laboratory for examination, and the presence of B. coli was confirmed. The Birmingham opinion was that the particular type of B. coli found was not significant of sewage or manurial pollution, but that the presence of streptococci was a disturbing factor. The trouble persisted, and a careful survey of potential sources of contamination was made by the Medical Officer, the Professor of Bacteriology from Birmingham University, and the Water Engineer. As a result, the Council eventually decided to have a permanent chlorinating set installed at the Conduit Head.

This underground water has provided a partial supply to the town for centuries, and had not previously given rise to any concern as to its purity. This water-bearing strata covers a wide area, the limits of which are not definitely known. The potential risks are, therefore, considerable. The water needs no filtration, as it is at all times brilliantly clear.

During the last few months of the year, the tests of water taken from the well, prior to chlorination, have been more favourable. If in future the water is found to be free from this trouble over a lengthy period, the Council may possibly decide to suspend the chlorination process, always bearing in mind the injunction laid down by the Ministry of Health that where water is being supplied *without treatment*, the water undertakers must satisfy themselves that this practice may safely be continued."

Samples of chlorinated conduit water submitted for bacteriological examination during the period 1939 to 1945 showed a complete absence of *B. coli* (the organism used in bacteriological technique as indicative of potential sewage contamination). From these consistent results, it appeared that chlorination was effective.

Present History.—During 1946, occasional samples of conduit water, prior to chlorination, showed evidence of intermittent contamination. The autumn of 1946 was very wet, so that the basin in which the antiquated well heads are situated became water-logged, thus potentially enabling contaminated surface water to seep back into the wells. The autumn was followed by a severe winter, during which snow lay on the ground for a continuous period of six to seven weeks.

It was during this severe weather that the elevated tank from which conduit water is delivered to the town became frozen, and in consequence conduit water could no longer be supplied, and Shelton water had to be substituted.

When the time arrived for a resumption of the conduit supply, it was thought desirable to investigate the state of the water in the main well, and it was found (chlorination, of course, having been discontinued during the cessation of supply of conduit water) that over a series of samples, the bacterial flora, including *B. coli*, were present far more frequently than heretofore, and also in higher counts.

In view of this state of affairs, and of the suggestions made by the Ministry of Health (see Council Report for January, 1947), your Medical Officer of Health and Water Engineer, after serious consideration, decided, as an administrative emergency measure, that conduit water should no longer be put into supply, and that Shelton water should be circulated in the conduit system of mains and street pillars. This change-over was effected in February, 1947; and *since that date no conduit water has been supplied*. Your

Committee were informed of this action, and approved the steps taken.

In the meanwhile your Officers decided to take a series of samples of the virgin water from the well at Conduit Head, and to have parallel examinations made of some of these samples at Shelton and at the Bacteriological Laboratory at the Royal Salop Infirmary.

Results of these samplings revealed the following findings :—

		No. of samples taken	Percentage of samples showing faecal B. coli
Shelton Laboratory	...	27*	44.4%
R.S.I. Laboratory	...	11	36.5%

* Eleven of these samples were parallel to those submitted to R.S.I. Laboratory.

For general information, it may be stated that whereas the *Bacillus coli* is recognised as a potential indicator of contamination, it does not necessarily follow that the presence of *B. coli* means contamination, much less serious contamination. Actually there are forms of *B. coli* derived from the vegetable kingdom (non-faecal *B. coli*), and these types are harmless. On the other hand, there are *B. coli* of animal origin (faecal *B. coli*), and these may be derived from the excreta of animals such as birds, rabbits or cattle, or from the excreta of human beings. Bacteriological technique can distinguish the vegetable form of *B. coli*, but unfortunately cannot as yet determine as to whether *B. coli* from animal sources have been derived from the excreta of animals or human beings.

For practical purposes the only organisms which have to be considered in the protection of water supplies are those which cause typhoid fever, paratyphoid fever, cholera and dysentery. These pathogenic organisms, which can cause water-borne diseases, do not affect animals, so such animal excreta is not a means of spreading them. If, however, contamination is due to human sources, this is a very different matter, and requires control and removal.

We are faced, therefore, with the problem that there is faecal *B. coli* contamination of the conduit water which, if from animal sources is not dangerous, but if from human sources may be dangerous.

The well heads at Conduit Head are of old construction, and the jointing of the masonry is not watertight. This being the case, it is quite possible that after pumping from the main well, thus reducing

the water level, subsoil water surrounding the well heads might easily flow into the wells and contaminate the water therein. It is known that animal excreta derived from rabbits and birds is present around the well heads, but there is no likelihood nor evidence of human excreta polluting the surface in the immediate vicinity.

Armed with the knowledge about potential *surface* contamination, it was decided to try and ascertain whether there might also or alternatively be a source of contamination in the spring water itself. The only way to do this, pumping from the well having ceased, so that the well was allowed to overflow continuously, was to take samples of water from the bottom of the well with the idea of securing water as it arrived from its unknown source elsewhere at the base of the well.

Samples thus taken during June, 1947, (a) when there was no pumping from the well, and (b) when the surface had dried out so that subsoil water was not likely to percolate back into the well, demonstrated that the water still continued to show contamination with faecal *B. coli* in 75 per cent. of samples.

Concluding Remarks and Recommendation.—(1) There is an intermittent contamination of the conduit water.

(2) This contamination appears to have increased in its frequency of incidence recently, though it must be made clear that intensive sampling was not undertaken in the past.

(3) This contamination may be *harmless*, but potentially there may be risk.

(4) Evidence as to the effectiveness of chlorination during the period 1939–45 is no guarantee that we can continue to rely on this single line of defence, which might break down temporarily.

(5) The general public may have noticed the change of water since February, 1947, but no official complaints have been received.

(6) As a suspended death sentence on the conduit supply has already been imposed, it would seem that, in view of the latest findings, the Council might decide to abandon this source of water supply forthwith.

A. D. SYMONS,
Medical Officer of Health.

R. D. ROBINSON,
Water Engineer.

16th July, 1947.

The water supply position for dwelling-houses in the town may be summarised as follows :—

Total number of houses	...	...	...	11,735
Houses with piped Corporation water supply				11,582
Houses with piped supply from other sources				53
Total houses with piped supply	...	...	...	11,635

There are, therefore, a hundred houses not on a piped supply who obtain their water from wells or streams.

Swimming Baths

Samples of water from the First and Second Class Swimming Baths were taken for bacteriological examination during the height of the bathing season from May to September.

Apart from the first sample of water taken in May, when only a few organisms were found to be present on bacteriological examination, all the remaining samples were free of pathogenic bacteria, and the water was reported as " Highly satisfactory."

The Baths Superintendent is to be congratulated on these results, which are due to his constant watchfulness over the working of the chlorinating apparatus.

Drainage, Closet Accommodation, Sewerage and Public Cleansing

The Borough Surveyor (Mr. F. R. Dinnis) has kindly supplied the following notes :—

" No existing houses have been connected to the Sewers during 1947.

No new houses have been erected without connection to the Sewerage system, though one is in course of erection at Battlefield. Schemes for main sewers to serve the outlying areas of the Borough and to relieve the load in the existing sewers of the old Borough are in course of preparation.

The only new sewers laid are those required for development of housing estates at Crowmoor and Oakfield.

The use of the gully emptier has had to be limited for the emptying of cesspits, and latterly has only been used in urgent cases needing immediate attention on health grounds."

The present position as regards sewage disposal in the town is as follows :—

Total number of houses in the Borough	...	...	...	11,735
Number of houses connected to Corporation				
sewers	...	...	...	11,302

Number of houses connected to independent sewage disposal works, <i>e.g.</i> , cesspits, septic tanks	254
Number of houses relying on earth closets, pail or chemical closets	179
Total houses connected to sewers or sewage disposal works	11,556

There are thus 179 houses in the town which have to rely on earth closets, etc., and of these, 146 are in the added area.

SANITARY INSPECTION OF THE AREA

The shortage of labour and materials, and the inability to make progress with slum clearance, is frustrating to the Sanitary Inspection staff, who are anxious to work for the improvement of housing conditions generally.

Demands which are reasonable under present circumstances have been made on property owners to remedy more serious nuisances, but these are not the days, as in the past, when owners could be asked to effect improvements, whether statutorily enforceable or not.

Energies have been exerted, again with reasonable understanding, in the direction of raising the standard as regards the preparation and sale of foodstuffs, making use of Section 13 of the Food and Drugs Act, 1938.

Mr. Stanley, Senior Sanitary Inspector, provides the following remarks and tabulated statements on the work done during the year by him and his assistant Sanitary Inspectors :—

“ April, 1947, saw the transfer of one member of the inspectorial staff to the Public Abattoir, on his appointment as Assistant Meat Inspector. At the same time, the Committee decided that the clerk in the Sanitary Inspector's office should become a pupil Sanitary Inspector until he qualified, by examination, in this subject. This arrangement led to no interference in the prompt attention to complaints received and routine work. The staff performed their duties in a tactful and efficient manner, in spite of difficulties encountered through shortage of labour and materials.

Repairs to dwelling-houses took up a great deal of the Sanitary Inspectors' time. The delay in obtaining materials very often resulted in numerous fruitless visits being made, in addition to supervision of work in progress.

About two dozen houses scheduled for demolition or subject to undertakings, pre-war, remained occupied under Defence Regulation provisions. The undermentioned premises, subject to demolition orders made before September, 1939, were demolished :—

Nos. 15, 16 and 16A White Horse Passage, Frankwell.

Nos. 8, 9 and 10 Bodkin Row, Ditherington.

Nos. 1, 2, 3, 4, 5 and 6 Wheatsheaf Passage, Frankwell.

Nos. 1, 2 and 3, Court 1, Frankwell.

Nos. 8, 9 and 10 Severn Square, Frankwell.

Nos. 2 to 10 (inclusive), Bakehouse Yard, Longden Coleham.

Nos. 10, 11, 12 and 13 Williams's Buildings, St. Michael's Street.

The majority of landlords co-operated willingly by attention to structural defects, but, in certain isolated cases, it was necessary to prosecute. Being most reluctant to resort to such practice, it was consoling only by the fact that the unsatisfactory conditions were remedied thereby.

Just as a few landlords show irreconcilable disregard for the efficient maintenance of property, so does a certain type of tenant exhibit scant consideration for his landlord. Happily, such tenants constitute a very small minority ; but if they would rectify trivial deficiencies—perhaps only a screw or a nail is required—and endeavour to prevent what sometimes appear suspiciously like wilful damage, a better feeling might exist between lessor and lessee.

The number of houses relying on well-water supply was reduced by thirteen when evidence of faecal contamination was found in the well-water of an isolated community. A piped supply was provided through the offices of the Borough Water Engineer.

The standard of hygiene in respect of food preparation premises in this Borough would, no doubt, compare favourably with that of other Local Government areas. The standard throughout the country, however, leaves much to be desired. Various bodies are engaged in schemes of improvement, but it is felt that it will be a number of years before the desired object is achieved. It is as well to remember that no matter how much is done in the way of structural alterations, and the provision of modern implements, so much depends upon the cleanly habits of the persons employed.

Several cases of smoke nuisance and grit emission occurred during the year. In each instance the management concerned attributed the trouble to lack of suitable fuel. Doubtless a con-

tributary cause, it was found, nevertheless, that more careful firing remedied matters at two of the properties involved. The Regional Fuel Engineer's assistance was enlisted in respect of two premises, where advice was given by his representative, and a promise to investigate the possibilities of more suitable fuel supply given. It is hoped that the subsequent improvement, after joint action by the Local Authority and the Regional Officer, will be maintained.

The co-operation of the Borough Surveyor's staff, in respect of choked public sewers, private sewage installations, building licences, dangerous buildings, and the submission of certain plans, was greatly appreciated and most helpful.

Due regard was paid to all routine duties."

Tabulated statistics of the Sanitary Inspector's work are appended, with explanatory notes where thought necessary :—

Complaints Received during the Year

There were 1,089 complaints received, and these were investigated in accordance with the following analysis :—

TABLE I

Nature of Complaint	Number Received
Housing Defects	402
Choked and Defective Drains and Sewers...	136
Accumulations of Offensive Matter	19
Relative to Unsound Food	170
Verminous Premises :—	
(a) Bugs	23
(b) Rats and Mice Infestations	168
(c) Beetles, Crickets, and Other Insects	29
Keeping of Animals and Poultry	15
Unsatisfactory Milk Supplies	10
Miscellaneous	117
Total	1,089

Premises Inspected.

The following summary indicates the number of inspections of various premises carried out during the year :—

Nature of Inspection							Number of Visits
Dwelling-houses under Public Health Acts	...	...	...	...	...	...	3,972
Dwelling-houses under Housing Acts	...	...	...	...	...	...	648
Infected Dwelling-houses :—							
(a) Notifiable Diseases (other than Tuberculosis)	...	...	...	...	...	...	41
(b) Contacts	...	...	...	...	...	...	4
(c) Fumigation after infectious diseases	...	...	...	...	...	...	10
(d) Phthisis enquiries and fumigations	...	...	...	...	...	...	42
Business Premises	...	...	...	...	...	...	40
Cinemas, Dance Halls, Billiard Halls	...	...	...	...	...	...	8
Fairgrounds	...	...	...	...	...	...	2
Factory Act, 1937 :—							
Factories, with mechanical power	...	...	...	...	...	...	191
Factories, without mechanical power	...	...	...	...	...	...	46
Outworkers' premises	...	...	...	...	...	...	—
Smoke observations	...	...	...	...	...	...	42
Premises which can be controlled by Bye-laws :—							
Offensive Trade Premises	...	...	...	...	...	...	9
Stables, Piggeries, Keeping of Animals	...	...	...	...	...	...	111
Common Lodging-houses	...	...	...	...	...	...	—
Houses let in Lodgings	...	...	...	...	...	...	3
Tents, Vans and Sheds	...	...	...	...	...	...	93
Drainage : Testing by							
Smoke	...	...	...	...	...	...	—
Water	...	...	...	...	...	...	—
Coloured Water	...	...	...	...	...	...	139
Breaking down	...	...	...	...	...	...	—
re Public Sewers...	...	...	...	...	...	...	371
Means of Escape in case of Fire (S. 60, Public Health Act, 1936)	...	...	...	...	...	...	4
Watercourses and Ditches	...	...	...	...	...	...	35
Land and Tips	...	...	...	...	...	...	93
Septic Tanks, Cesspools, Urinals...	...	...	...	...	...	...	135
Miscellaneous Visits	...	...	...	...	...	...	320
Visits, not Inspections	...	...	...	...	...	...	555

Nature of Inspection							Number of Visits
Verminous Premises :—							
(a) Rats and Mice (Infestation Order, 1943)	...	...					245
(b) Bug Infestations	...	...	...	...	...	...	168
(c) Beetles	...	...	...	...	...	...	7
(d) Other Vermin	...	...	...	...	...	...	67
Inspections <i>re</i> Supervision of Food :—							
Unfit Foodstuffs other than Meat	...	...	...	...			268
Slaughterhouses	...	...	...	...	...	...	157
Markets	...	...	...	...	...	...	6
Public Health (Meat) Regulation, 1924, Butchers' Shops...							131
Food and Drugs Act, 1938 (Section 13) :—							
Bakehouses	...	...	...	...	...	...	99
Factory Canteens	...	...	...	...	...	...	10
Restaurant Kitchens, etc.	...	...	...	...	...	...	194
Hotel and Beerhouse Bars and Cellars :—							
Day Inspections...	...	...	...	...	...	...	144
Night Inspections	...	...	...	...	...	...	—
Other Premises	...	...	...	...	...	...	61
Section 14 :—							
Sausage Manufacturers	...	...	...	...	...	...	89
Preserved Meat Preparation Premises	...	...	...	...	...	...	24
Preserved Fish Preparation Premises	...	...	...	...	...	...	85
Ice Cream Premises	...	...	...	...	...	...	189
Milk and Dairies Regulations, 1926 to 1943 :—							
Milk Sampling for Bacteriological Examination and Biological Test for Tuberculosis	...	...	...				66
Contraventions of Milk and Dairies Regulations	...	...					17
Cowsheds	...	...	...	...	...	...	104
Dairies at Farms	...	...	...	...	...	...	96
Milkshops and other Dairies	...	...	...	...	...	...	89
Shops Act, 1912–1936.							
Young Persons (Employment) Act, 1938	...	...	...				114
Total Visits by Sanitary Inspectors	...	...	...	...			9,344

Notices Served

Administrative action was taken during the year to secure abatement of nuisances and to enforce the appropriate statutory enactments as follows :—

Subject of Notice	Public Health Acts	Milk and Dairies Regs.	Food and Drugs Act S. 13 and 14	Factories Act, 1937	Shops Acts
Number of Informal Notices served	248	5	35	4	1
Number of Informal Notices complied with	239	3	58	3	1
Number of Informal Notices Outstanding (against Premises)	66	2	12	2	—
Number of Statutory Notices served	59	—	—	—	—
Number of Statutory Notices complied with	53	—	—	—	—
Number of Statutory Notices Outstanding (against Premises)	12	—	—	—	—
Number of Prosecutions ...	8	—	—	—	—

Sanitary Improvements Effected at Dwelling-houses as a Result of Statutory and Informal Notices Issued

(Number of Premises, 267)

	Number Complicated with
Defective Drains	22
Choked Drains	25
Insufficient Closet Accommodation	1
Absence of proper sink	1
Defective water closets	56
Defective gullies	—
Defective sink waste pipes	4
Defective W.C. cisterns and fittings	17
Burst water pipes	9
Insufficient water supply	6
Defective soil pipes	3
Dampness arising from :—	
Defective roofs	69
Defective eaves-gutters	16
Defective down-spouts... ..	10
Defective brickwork and pointing	2
Defective damp-proof courses	7
Defective yard paving	4
Defective chimney flues	3
Galvanized metal dustbins to be provided	27
Defective window-frames and sash-cords	25
Defective floors	20
Defective stairs	7
Defective plaster to walls and ceilings	62
Defective fireplaces	23
Defective wash-boilers	9
Defective and dangerous chimney stacks	5
Defective and bulging external walls	3
Defective and bulging party walls	1
Filthy condition of premises	1
Accumulation of manure or offensive matter	3
Miscellaneous	13

Additional Unsatisfactory Conditions remedied by Verbal Intimations

Nature of Inspection	No. of Premises	Structural Defects	Dirty Conditions
Dwelling-houses (Public Health Acts)	38	25	13
Business Premises	7	6	1
Factories	6	3	5
Restaurant Kitchens	5	3	2
Food Preparation Premises	11	3	8
Butchers' Shops	5	6	4
Ice Cream Premises (Sale/Manufacture)	10	7	3
Bakehouses	3	2	1
Hotel Bars	8	8	3
Hotel Cellars	5	1	4
Cowsheds	7	7	3
Dairies at Farms	8	6	3
Other Dairies	3	3	—
Shops (Shops' Acts)	4	3	1
Keeping of Poultry and Animals	12	—	12
Accumulations of Refuse	—	—	19
Smoke Nuisances	4	—	—

FACTORIES ACT, 1937

Number of Factories on Register :—

Mechanical ...	...	...	...	141
Non-Mechanical ...	...	...	...	84
Defects found ...	...	...	...	21
Defects remedied ...	...	...	...	20

**PREMISES AND OCCUPATIONS WHICH CAN BE
CONTROLLED BY BYE-LAWS OR REGULATIONS****Offensive Trades**

The eight offensive trades carried on in the Borough consist of :—

Rag and Bone Dealers ...	...	...	...	1
Fellmongers ...	...	...	...	2
Tanners ...	...	...	...	2
Tripe Boilers and Gut Scrapers	...	...	...	2
Curriers and Leather Dressers...	...	...	...	1

DESTRUCTION OF RATS AND MICE**Rats and Mice (Destruction) Act, 1919, and Infestation Order, 1943**

The Private Dwellings Special Scheme, commenced in 1946, was completed.

The scheme, sponsored by the Ministry of Food, necessitated a survey embracing all private dwelling-houses within the Borough.

The cost of the survey was re-imbursable 100 per cent. by the Ministry of Food, who also contributed 60 per cent. of the cost of baiting and poisoning. The remaining 40 per cent. of the latter cost was payable by the Salop County Council.

Investigations, commenced on the 2nd December, 1946, were completed by the 28th February, 1947. Two investigators, provided by the Salop County Council, made the necessary enquiries. Under very trying weather conditions they worked very creditably to complete the survey within the estimated period of three months. The infested premises were subsequently visited by the County Rat Operatives.

The following is a summary of work carried out, and conditions found :—

Number of premises visited...	...	...	...	11,638
Number of premises found to be infested with rats				97 (0.83%)
Number of premises found to be infested with mice				88 (0.76%)
Number of premises found to be infested with rats and mice	...	...	...	17 (0.15%)
				<hr/>
Number of premises found to be infested ...	...			202 (1.74%)
				<hr/>

No serious infestations were discovered.

The scheme was applicable to the year ending 31st March, 1947, and it must be reiterated that the eradication of rats and mice is the legal responsibility of the occupiers concerned.

Routine sewer treatment was carried out, as in previous years ; and the County Council Rodent Operatives, working under the supervision of the Chief Sanitary Inspector, dealt with business and other premises under contract.

In many cases, minor infestations were remedied by occupiers as a result of advice given by the Health Department Staff.

HOUSING

Building Progress during 1947

By Local Authority : Permanent Houses	...	...	...	24	} 41
Temporary Bungalows	...	...	...	17	
By Private Enterprise	...	...	...	...	63

Although building progress has been so long and so slow in getting into its stride, it is now possible to forecast that the output of houses in 1948 will be more than double that of 1947, and may even exceed the combined output of houses for the past two years of 1946 and 1947.

The year 1947 shows an improvement in one respect over 1946 in that though only 104 houses were completed in 1947 compared with 129 in 1946, the number of permanent houses in 1947 was 87, compared with 29 in 1946.

Corporation Housing Estates

The Housing Manager (Mr. E. Woodhead) has provided the following report on the activities of the Housing Department :—

“ The post of Housing Manager was vacant from the end of July to the end of October, during which period the Senior Assistant was acting Housing Manager.

The application list contained the names of 2,700 applicants, and as a matter of policy, the Housing Committee decided to create a fresh priority list based on a new points scheme, coupled with a personal visit to the house or rooms of applicants to verify statements made on the application card, and to ascertain by visual inspection the actual living conditions and circumstances.

New forms were therefore issued, and up to the time of writing this Report, 1,100 replies had been received.

The register of up-to-date information thus partly compiled, and probably including the majority of the most urgent cases, will, it is hoped, be completed during 1948.

Below is given an analysis of the new file, showing requirements of applicants :—

	* A.P.D's	Bedrooms required					Ten- ants	R'ms	Extended Totals
		1	2	3	4	5			
Not Overcrowded :—									
Tenants... ..	7	6	64	39	4	—	120	—	120
Rooms	5	8	158	8	1	—	—	180	—
Overcrowded :—									
Tenants... ..	—	1	76	149	37	5	268	—	—
Rooms	—	5	414	106	6	1	—	532	—
Type of Houses required	5	14	648	263	44	6	268	712	980

* A.P.D. = Aged Persons Dwellings. Number of Applications, 1,100.

Of the 1,100 recently reviewed applications, 120 have no immediate urgency, leaving 712 who are in rooms and 268 overcrowded, totalling 980. If all this number were re-housed, the 268 houses would have been vacated, and possibly re-let. If all these had not gone to people on our file, the movement within the town would have relieved a very large proportion either directly or indirectly. It is safe, therefore, to presume that 700 houses would

go far towards solving the problem. This figure *excludes* potential slum clearance property. The above figures also show the types of houses required immediately.

On this subject of types required, a number of Maisonettes, one-bedroomed Flats or Aged Persons Dwellings, would be very useful. The figures of 648 two-bedroomed type houses against 263 three-bedroomed type is, of course, the immediate need, and taking a period of sixty years life of the property, the future needs should be assessed, and plans made to build in excess of the immediate need in three-bedroomed type houses and less two-bedroomed. For the time it may be necessary to put even young couples in the larger type of house, but by building on planned lines, the housing problem and the overcrowding situation will be solving itself ; furthermore, the possibilities of a recurrence will be removed.

A further word is necessary on the creation of a new register. The old register and applications are retained intact for reference purposes. The new register is building up in such a way that, without extra effort, a spontaneous reference is obtained.

Hitherto nothing has been done in welfare on the Estates. Arrangements have been agreed by the Housing (Tenancies) Sub-Committee for the Senior Housing Assistant to open out on this side of the department. The Sanitary Inspectors, as a temporary measure, and with the permission of the Public Health Committee, have inspected a number of Council houses in Ditherington, and a start has been made by way of disinfestations to improve the interiors. There is, however, much to be done in cleaning up the Estates.

A survey of occupants of all Prefabricated Bungalows has been made, and in order to accelerate allocations of two-bedroomed applicants, those tenants who now need, or will need three-bedroomed houses, are being transferred to permanent three-bedroomed houses. This arrangement is giving, and will give to a greater extent, a more balanced situation of allocations. Similarly, transfers are being effected from the lower rented to the higher rented properties. This is of particular advantage in that we are obtaining a good class of tenant for the new Estates, also eliminating the risk of a high arrears bill. It is advantageous to applicants who cannot afford to pay the higher rent.

The question of repairs and maintenance of the property has been considered. It was felt that a survey of all the property

showing present conditions would be an indication as to what work was required most urgently. The limited amount in the repairs fund would not permit any large-scale repairs, but were the Committee given a comprehensive picture of the exact position in this direction, a considered policy might be pursued."

Municipal Hostel for Men

Mr. E. A. Andrews (Superintendent) has given the following figures and remarks on the above Municipal Common Lodging House :—

Weekly lodgers at 10s. per week	...	1,947
Weekly lodgers at 7s. per week	...	71*
Nightly lodgers at 1s. 6d. per night	...	446

* Reduction of charge made as a special case and approved by Housing Committee.

Men using the Hostel may be grouped as follows: regular lodgers, nightly or casual lodgers and seasonal workers, *i.e.*, chiefly men employed in sugar beet work.

By far the greater number are regular lodgers, a cross-section of general or skilled workers throughout the town and neighbouring areas.

The closing of casual wards in the county has resulted in a considerable increase of enquiries from men of the casual type, but it has not been possible to accommodate many of them. These casual applicants are mostly young or middle-aged men, and many claim to be, and undoubtedly are, ex-Service men.

An electrically heated drying cabinet used for drying men's wet clothes has been installed.

Housing Statistics

1.—Inspection of Dwelling-houses during the year

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	...	1,692
(b) Number of inspections made for the purpose	...	...	...	...	...	4,620
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	...	...	...	...	...	Nil
(b) Number of inspections made for the purpose	...	...	...	...	...	Nil

(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	...	6
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	...	...	...	...	267

2.—Remedy of defects during the year without Service of Formal Notices

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	234
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3.—Action under Statutory Powers during the year

A.—Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	...	...	Nil
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—			
(a) By owners	...	...	Nil
(b) By Local Authority in default of owners	...	...	Nil

B.—Proceedings under Public Health Acts :—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	...	...	...	...	73
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—					
(a) By owners	...	...	...	...	76
(b) By Local Authority in default of owners	...	...	...	...	Nil

C.—Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—

(1) Number of dwelling-houses in respect of which Demolition Orders were made	...	...	...	Nil
(2) Number of houses in respect of which an undertaking was accepted under Sub-Section (3) of Section 11 of the Housing Act, 1936	...	...	...	Nil
(3) Number of dwelling-houses demolished in pursuance of Demolition Orders	...	...	...	3†

D.—Proceedings under Section 12 of the Housing Act, 1936 :—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	Nil
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	Nil

4.—Housing Act, 1936, Part IV—Overcrowding

(a) (i) Number of dwellings overcrowded at the end of the year	Not known
(ii) Number of families dwelling therein ...	—
(iii) Number of persons dwelling therein ...	—
(b) Number of new cases of overcrowding reported during the year	47
(c) (i) Number of cases of overcrowding relieved during the year	61
(ii) Number of persons concerned in such cases	305
(d) Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	Nil

INSPECTION AND SUPERVISION OF FOOD

Milk Supply

At the close of the year there were registered under the Milk and Dairies (Amendment) Act, 1922, and the Milk and Dairies Order, 1926 :—

Cowkeepers	39
Dairies	34
Retail Purveyors of Milk	44

Milk Sampling

Sixty-four samples of milk were taken during the year.

Examination for Tubercle Bacilli

Cultural and animal tests were made on twenty-five samples. All the samples proved negative.

Phosphatase Test

Two samples out of twenty-five failed on test. Conditions were rectified at the heat-treatment plant implicated.

Methylene Blue Test

Forty-eight samples were subjected to methylene blue test.

Eleven samples were unsatisfactory—five from within the Borough and six from other districts. Dairies were visited in the former case, and the results in the latter referred to the appropriate Local Authorities.

Summary

No. of Samples Taken	Test for Tubercle Bacilli		Methylene Blue		Phosphatase	
	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory
64	25	—	48	11	25	2

Ice Cream

By the end of the year eight premises were registered for the sale and manufacture of ice cream, while thirteen premises were registered for sale only.

Several producers ordered more up-to-date plant and conditions generally showed improvement.

Forty-five samples of ice cream were taken during the year and subjected to examination for faecal coli and the methylene blue test. The latter test is a recent innovation as far as ice cream is concerned, and is considered to be the most suitable yet evolved. Experts are cautious in expressing an opinion on the value of the methylene blue test in such connection; but the results on the samples procured are indicated below :—

Methylene Blue Test

No. of Samples	Grade I	Grade II	Grade III	Grade IV	Faecal Coli
45	14	6	10	15	5.

Samples considered unsatisfactory were followed up and, invariably, advice to the manufacturers yield more satisfactory results.

PRECAUTIONS AGAINST CONTAMINATION OF FOOD

Food and Drugs Act, 1938, Section 13

The following is a summary of conditions remedied during the year.

Condition	Food Preparation Premises, Restaurants, etc.	Hotels and Public Houses	
		No. of Defects Remedied	
	No. of Defects Remedied	Bars	Cellars
Dirty Floors	11	1	4
Dirty Walls	13	4	5
Dirty Ceilings	10	—	1
Dirty Doors and Windows ...	6	—	1
Insufficient or absence of hot water for cleansing utensils ...	8	5	—
Insufficient or absence of cold water for cleansing utensils ...	2	3	—
Absence of sink or adequate waste-pipe	2	—	—
Defective Draining-boards ...	1	1	—
Inadequate Lighting	2	1	—
Insufficient Ventilation	3	1	—
Unsatisfactory Personal Cleanli- ness	1	—	—
Unsatisfactory or absence of Staff-room	7	—	—
Insufficient or Unsuitable W.C.	6	4	—
Defective or Choked Drains ...	—	—	—
Absence of hot water for ablution purposes and inadequate staff room	7	—	—
Absence of or Unsatisfactory Wash-basins	1	—	—
Absence of Soap and Towels for Personal Ablution Purposes ...	7	1	—
Unsatisfactory Storage of Trade Refuse	3	—	—
Accumulation of refuse ...	1	—	—
Verminous conditions (steam flies, rats, mice)	3	1	1
Dirty fittings	4	—	—
Unsatisfactory storage facilities	3	1	1
Defective wall plaster	9	—	1
Defective floors	8	5	6
Defective ceiling plaster ...	5	1	1
Defective doors and windows ...	3	3	3
Dampness	—	2	2

Food and Drugs (Adulteration) Act, 1928 ; Food and Drugs Act, 1938 ; and Public Health (Preservatives, etc., in Food) Regulations, 1925 to 1939

The following forty-six samples of Food and Drugs were taken, and all but eight were reported as genuine and free from foreign ingredients.

Numbers indicate number of samples. F. = Formal, and Inf. = Informal.

Aspirin (1 Inf.) ; Baking Powder (1 F., 1 Inf.) ; Bicarbonate of Soda (1 Inf.) ; Black Pepper (1 Inf.) ; Boracic Powder (1 Inf.) ; Borax (1 Inf.) ; Camphorated Oil (1 Inf.) ; Castor Oil (1 Inf.) ; Cocoa (1 Inf.) ; Coffee (4 F.) ; Epsom Salts (1 Inf.) ; Glauber's Salts (1 Inf.) ; Ground Ginger (1 Inf.) ; Malt Vinegar (5 F.) ; Pudding Mixture (1 Inf.) ; Sauce (3 Inf.) ; Sausages (10 F., 7 Inf.) ; Sausage Meat (1 F.) ; Seidlitz Powder (1 Inf.) ; Sulphate of Zinc (1 Inf.).

Result of " Not Genuine " Samples

1. Beef Sausages (Formal). 5% deficient in Meat Content, and contained preservative (Sulphur Dioxide), 176 parts per million. No preservative notice displayed. Cautioned by letter on instructions of Health Committee.
2. Beef Sausage Meat (Formal). 10% deficient in Meat Content, and contained preservative (Sulphur Dioxide), 160 parts per million. No preservative notice displayed. Cautioned by letter on instructions of Health Committee.
3. Beef Sausages (Informal). Contained preservative (Sulphur Dioxide), 40 parts per million. No preservative notice displayed. To be re-sampled formally.
4. Beef Sausages (Formal). 22% deficient in Meat Content. Retailer prosecuted and fined £10, plus £4 12s. 6d. costs.
5. Beef Sausages (Formal). Contained preservative (Sulphur Dioxide), 136 parts per million. No preservative notice displayed. Cautioned by letter on instructions of Health Committee.
6. Beef Sausages (Informal). Contained preservative (Sulphur Dioxide), 96 parts per million. No preservative notice displayed. To be re-sampled formally.
7. Beef Sausages (Formal). 4% deficient in Meat Content Cautioned by letter on instructions of Health Committee.
8. Sausages (Informal). 11½% deficient in Meat Content. Re-sampled formally and found genuine.

Chemical Analysis

The Sampling Officer took fifty-eight samples of milk during the year, the results being set out in the following table :—

Food and Drugs Acts—Analyses of Milk Samples.

NUMBER OF SAMPLES		Result of Analysis	Remarks on samples returned as "Not genuine"
Formal	Informal		
			<p>1. Fat 3.4%. Solids not fat 8.4%. Below for solids not fat. No added water. Freezing point normal. Re-sampled and found genuine.</p> <p>2. Fat 2.7%. Solids not fat 8.8%. 10% deficient of fat. Vendor also producer of milk. "Appeal to Cow" samples showed cows to be giving milk below standard for fat. Cautioned by letter on instructions of Health Committee.</p> <p>3. Fat 3.05%. Solids not fat 8.4%. Below for solids not fat. No added water. Freezing Point normal. To be re-sampled.</p> <p>4. Fat 1.8%. Solids not fat 9.0%. 40% deficient of fat. "Appeal to Cow" samples showed cows to be giving milk below standard for fat. Retailer and producer cautioned by letter on instructions of Health Committee. (See Nos. 6 and 7 below for Delivery Samples.)</p> <p>5. Fat 2.6%. Solids not fat 8.6%. 13% deficient of fat. Retailer also producer of milk. "Appeal to Cow" samples showed cows to be giving milk below standard for fat. Cautioned by letter on instructions of Health Committee.</p> <p>6. Fat 2.55%. Solids not fat 8.8%. 15% deficient of fat.</p> <p>7. Fat 2.85%. Solids not fat 8.95%. Deficient of 5% of fat. Vendor of Samples Nos. 6 and 7; also producer of milk. See remarks on No. 4 above.</p> <p>8. Fat 7.85%. Solids not fat 8.4%. Below for solids not fat. No added water. Freezing Point normal. To be re-sampled.</p> <p>9. Fat 3.15%. Solids not fat 8.2%. Below for solids not fat. No added water. Freezing Point normal. To be re-sampled.</p>
54	4	<p>Formal { 45 Genuine 9 Not Genuine</p> <p>Informal { 3 Genuine 1 Not Genuine</p>	<p>1. Fat 2.75%. Solids not fat 8.6%. 8% deficient of fat. Re-sampled formally and found genuine.</p>

Public Abattoir

The accompanying table sets out the comprehensive amount of work carried out so ably by the Superintendent (Mr. S. R. Reed).

In order to help him to accomplish his aim of inspecting all carcasses dealt with at the Abattoir, he was granted during the year the help of a whole-time assistant Meat Inspector (Mr. N. Edge).

Previous to this whole-time assistance, the Abattoir Superintendent had had to rely on part-time services of Sanitary Inspectors qualified as Meat Inspectors, loaned from the Public Health Department.

Public Abattoir

CARCASSES INSPECTED AND CONDEMNED

	Cattle exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	3935	2203	3941	18306	1527
Number inspected	3935	2203	3941	18306	1527
Dressed carcasses inspected ...	50	503	60	174	41
Total inspected	3985	2706	4001	18480	1568
All Diseases except Tuberculosis:	3	48	35	74	13
Whole carcasses condemned ...					
Carcasses of which some part or organ was condemned ...	767	1035	20	1595	150
Percentage of the number in- spected affected with disease other than tuberculosis ...	19.32	40.02	1.37	9.03	10.39
Tuberculosis only :					
Whole carcasses condemned ...	4	173	8	—	8
Carcasses of which some part or organ was condemned ...	774	1208	—	—	176
Percentage of the number in- spected affected with tuber- culosis	49.52	51.03	0.19	—	11.73

Diseased and unsound conditions found in the animals dealt with caused the detention and surrender for destruction of a total weight in carcasses and offal of 100 tons 24 lbs., details of which are given in the following table :—

	Carcasses	Offal
Beef	114,667 lbs.	99,391 lbs.
Veal	2,576 lbs.	
Mutton and Lamb	3,875 lbs.	
Pork	3,515 lbs.	

The following foodstuffs, other than meat, being unfit for human consumption, were voluntarily surrendered for destruction :—

Fish	5,711 lbs.	Rabbits	61
Bacon and Ham ...	184 $\frac{1}{4}$ lbs.	Cheese	122 $\frac{1}{2}$ lbs.
Dried Fruit... ..	477 lbs.	Sausage	168 lbs.
Tinned Goods	4,353 tins and jars	Shell Eggs ...	96
Canned Corn Beef...	84 $\frac{3}{4}$ lbs.	Other Foods ...	1,029 $\frac{1}{2}$ lbs.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

The incidence of notifiable infectious diseases in 1947 was remarkably low, with the exception of Measles, of which disease 276 cases were notified.

Scarlet Fever cases notified were only twenty-one, and Diphtheria only five, of which two had been immunised.

It was somewhat unexpected that the epidemic of Infantile Paralysis, which was the greatest ever recorded in this country, only gave rise to five known cases in Shrewsbury in the months of September, October and November.

There were no deaths from Diphtheria or Scarlet Fever.

Diphtheria Immunisation work carried out during the year was as follows :—

				Post	
				Immunisa-	Schick Tests
				tions	Pos. Neg.
Pre-School Children ... ..	...	...	469	}	7 331
School Children ... ..	...	...	46		
				<hr/>	<hr/>
				515	338
				<hr/>	<hr/>

In addition to the above original immunisations, 163 school children who had been immunised previously received a further reinforcing injection.

The total number of children immunised under Local Authority schemes in Shrewsbury since the inception of this work up to the end of 1947 was 8,633.

So far not a single immunised Shrewsbury child has died of Diphtheria.

Scabies

The declining incidence of Scabies noted in last year's Report has continued in 1947, in that the number of cases treated in 1947 was approximately half those treated in 1946.

The actual work done during the year was as follows :—

		Pre-School Children	School Children	Adults	
Borough of Shrewsbury ...	...	17	56	66	} 188
Atcham Rural District ...	...	12	15	22	

The Scabies Order, 1941, made under Defence Regulations during the war, expired on December 31st, 1947.

For the period of operation of the Scabies Order, the total number of cases treated by the Local Authority at the Dermal Clinic from 1942 to the end of 1947 was 3,039, consisting of 1,422 adults and 1,617 children.

Although the special powers of examination and treatment have now been withdrawn by the expiration of the Scabies Order, the statutory powers under Public Health Acts for dealing with verminous conditions remain.

It has been decided that though normally the treatment of patients with Scabies is a matter for the medical practitioner, the Dermal Clinic will continue to function for those cases in which a medical practitioner does not consider that home treatment is likely to be carried out properly.

Acute Poliomyelitis (Infantile Paralysis)

The total number of cases of this disease notified during the year was five, compared with two and three cases in the previous years respectively.

The ages of those who contracted the disease were females of 10, 3 and 1½ years and males of 14 and 15.

The first case was notified on September 19th, and the subsequent cases on October 18th and 24th and November 4th and 5th.

The three female cases occurred in the Coton Hill, Racecourse and Harlescott areas respectively, and after full enquiries, it was not considered likely or possible that there could be any connection between these cases.

The two male cases occurred in one of the boarding houses at Shrewsbury School. The one case was, on clinical grounds, regarded

as abortive, and in retrospect it is possible that there may have been other abortive cases at about the same time, judging by certain symptoms among a few boys in the same house.

Apart from precautionary or quarantine measures adopted in respect of the above five cases, the only general measure taken in the town was an arrangement with the Eye, Ear and Throat Hospital to suspend Tonsil operations.

It was decided not to close the Public Baths, where chlorination of the water was under close control, and the dosage of chlorine was slightly increased above the average.

Food Poisoning Outbreak

Towards the end of the year there was an outbreak of food poisoning due to *Salmonella* Dublin. It was ascertained after enquiries that thirty-two persons were known to have been infected, as proved by bacteriological examinations of faeces and left-over portions of the infecting material, which showed the presence of the same organism.

The source of infection was sausages, sausage meat and faggots, purchased from two different shops in the town, who had obtained their meat supply from a common source.

Investigation of the two food premises showed no serious infringements of Section 13 of the Food and Drugs Act, 1938, nor did specimens from five food handlers give any positive results.

It soon became clear that the meat itself, out of which the various products were prepared and sold to the public, must have been the primary source of infection.

It appeared that about 2,000 lb. of sausages, sausage meat and faggots were sold from these two shops on the particular day (a Saturday) in question, and the majority of victims were not Shrewsbury residents, but came from the rural districts. These rural visitors presumably came into the town for their shopping, and purchased their supplies early to make sure of obtaining these unrationed commodities. In some cases these foodstuffs were not consumed on the same day, but were kept over for Sunday breakfast, thus enabling the infecting organisms to multiply in the meanwhile.

It is considered as a possibility that as the facilities for cooking in the countryside are not as good as in the town, where gas cookers are more in use, the cooking of these foodstuffs may not have been so thorough as to destroy the organisms.

One family of seven persons ate sausage meat uncooked, and had severe symptoms.

It is believed that very many more persons than thirty-two were affected in one degree or another, as one medical practitioner in a rural area, interviewed subsequently, stated that at about that period he was called in to very many patients suffering from mild gastro-intestinal symptoms.

Monthly Incidence of Infectious Diseases Notified, 1947

(Not including Tuberculosis).

MONTH	Erysipelas	Ophthalmia Neonatorum	Acute Primary Pneumonia	Puerperal Pyrexia	Scarlet Fever	Diphtheria	Measles	Whooping Cough	Cerebro-Spinal Fever	Acute Poliomyelitis
January ...	—	—	3	—	2	1	23	1	1	—
February ...	—	—	—	—	1	—	72	—	—	—
March ...	—	1	—	1	1	—	32	—	—	—
April ...	1	1	—	1	2	1	14	3	—	—
May ...	—	—	—	1	2	—	25	5	—	—
June ...	—	—	—	—	1	—	61	1	—	—
July ...	—	1	—	1	4	—	28	2	—	—
August ...	—	—	—	—	—	1	9	—	—	—
September ...	—	1	—	—	2	1	5	1	—	1
October ...	—	—	—	—	1	—	—	—	—	2
November ...	—	—	2	—	2	1	4	—	—	2
December ...	1	—	1	—	3	—	3	—	—	—
Totals ...	2	4	6	4	21	5	276	13	1	5

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR, 1947

NOTIFIABLE DISEASE	NUMBER OF CASES NOTIFIED											Total Cases removed to Hospital
	At all Ages	At Ages—Years								65 & up-wards		
		Under 1	1 to 3	3 to 5	5 to 10	10 to 15	15 to 25	25 to 45	45 to 65			
Small-pox ...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria ...	5	...	...	...	2	2	1	...	...	...	...	5
Erysipelas ...	2	...	...	...	...	...	...	...	1	1	...	...
Scarlet Fever ...	21	2	3	9	3	3	...	...	1	...	...	17
Typhus Fever ...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever ...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Pyrexia ...	4	...	...	...	...	...	4	...	...	...	...	1
Ophthalmia Neonatorum ...	4	...	...	...	...	...	...	...	...	...	...	4
Poliomyelitis ...	5	1	1	...	2	1	...	...	...	...	...	4
Pneumonia, Acute Primary Do. Acute Influenzal	6	...	...	...	...	1	2	...	3	...	...	...
Cerebro-Spinal Fever ...	1	...	...	...	1	...	...	...	...	...	...	1
Encephalitis Lethargica ...	...	...	...	...	...	...	...	...	...	...	...	...
Polio-Encephalitis ...	...	...	...	...	...	...	...	...	...	...	...	...
Malaria ...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery ...	...	...	...	...	...	...	...	...	...	...	...	...
Measles ...	276	2	83	71	146	...	1	1	2	...	...	7
Whooping Cough ...	13	1	7	3	2	...	...	...	...	...	...	...
Totals ...	337	7	63	78	157	8	8	8	7	1	...	39

MONKMOOR ISOLATION HOSPITAL

This Isolation Hospital of fifty-four beds, provided and administered by the Shrewsbury and Atcham Joint Hospital Board, admits patients not only from the areas of the constituent Authorities but from most of the Local Authorities in the County of Salop and the Counties of Montgomery and Radnor.

These "outside" Authorities make maintenance payments for their patients on an agreed scale.

Cases Admitted

The total number of cases admitted in 1947 was 156, compared with 184, 255, 308 and 461 in the previous years respectively. The

reduction in the number of patients reached such a pitch that for a few hours on one day in July there was not a single patient in the Hospital.

The areas from which patients were sent, together with the disease for which they were admitted, are given in the following table.

LOCALITY	Scarlet Fever	Diph- theria	Erysip- elas	Polio- myelitis	Whoop- ing Cough	German Measles	Measles	Typhoid Fever	Chicken Pox	Scabies	Total
SHREWSBURY ...	17	9	—	2	—	1	7	—	—	—	36
Atcham R.D. ...	4	1	—	—	—	—	—	—	—	—	5
County of Salop...	47	20	4	1	2	—	12	—	1	1	88
County of Montgomery...	1	—	—	3	—	—	—	—	—	—	4
County of Radnor ...	3	4	—	1	—	—	3	1	—	—	12
Military Cases (all areas)	2	—	—	—	—	7	2	—	—	—	11
Totals ...	74	34	4	7	2	8	24	1	1	1	156

Revised Diagnosis

Of the 156 cases admitted, 15, or 9 per cent., were, after due observation, found to be suffering from conditions other than for which admitted.

Scarlet Fever

There were only 74 cases of Scarlet Fever, none of which were re-diagnosed. There were no deaths.

Diphtheria

Of 34 cases sent in as Diphtheria, 14 were re-diagnosed, leaving 20 cases of true Diphtheria.

Of these 20 cases of Diphtheria, 10 had been previously immunised and 10 were not immunised, including 5 adults.

There was one death, in a non-immunised child.

Three chronic Diphtheria carriers were treated by removal of Tonsils. One chronic carrier who refused operation was treated by a million units of penicillin daily for five days, and was cleared of her Diphtheria bacilli.

Acute Poliomyelitis

A total of seven cases, one of which was re-diagnosed, were admitted.

The procedure has been to isolate this disease for three weeks before transfer, if necessary, to the Orthopædic Hospital.

Arrangements have been made for a visit by staff from the Orthopædic Hospital in cases where temporary fitting of plasters are considered desirable during the waiting period of isolation.

Surgical Operations

One mastoid operation and three tonsillectomy operations by dissection were performed by the visiting Ear, Nose and Throat Surgeon.

Return Cases and Cross Infection

There were two return cases of Scarlet Fever. There were no cases of cross infection.

Health of Staff

No member of the nursing or domestic staff contracted any infectious disease during the year.

Six members of the staff were Schick tested, and four were immunised against Diphtheria.

Deaths

There was one death from Diphtheria (non-immunised child).

Retirement of Matron

The retirement of Miss A. K. Ellis, who had held the appointment of Matron from the opening of the Hospital in 1923, took place in April, 1947.

It is difficult to pay adequate tribute to Miss Ellis, whose wonderful example of self-sacrifice and devotion to duty was an inspiration to all connected with the Hospital. She created a happy atmosphere by her kindness and consideration to her staff, as well as the many patients who passed through her hands, and the reputation of the Hospital, especially during the heavy strain of the war years, was in no small measure due to her untiring efforts.

TUBERCULOSIS

The Salop County Council administer the Tuberculosis service, but close co-operation is maintained, chiefly in connection with disinfection of rooms occupied by infectious patients or in re-housing those whose housing conditions are unsatisfactory.

Tuberculosis

AGE PERIODS			NEW CASES				DEATHS			
			Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
			M.	F.	M.	F.	M.	F.	M.	F.
0 to 1	...	...	—	—	—	—	—	—	—	—
1—5	...	...	1	1	1	—	1	—	1	1
5—15	...	...	—	1	2	4	—	—	1	1
15—25	...	...	2	1	—	2	—	2	—	—
25—35	...	...	3	1	1	—	1	2	1	—
35—45	...	...	4	3	—	—	3	1	—	—
45—55	...	...	3	—	1	4	1	2	—	—
55—65	...	...	1	2	—	—	1	—	—	—
65 and upwards	...	...	2	—	—	—	—	—	—	—
Totals	...	...	16	9	5	10	7	7	3	2

Of the 19 deaths from Tuberculosis, 5, or 26 per cent., were not notified before death.

The Phthisis (Respiratory or Pulmonary Tuberculosis) death rate for the year was 0.32 per 1,000 population, compared with 0.36 in the previous year.

Public Health (Prevention of Tuberculosis) Regulations, 1925

It was not found necessary to take any action under the above Regulations.

Public Health Act, 1936, Section 172

No cause for action.

DISINFECTION AND DISINFESTATION

A summary of the work carried out by the Sanitary Inspectors in connection with infectious disease, disinfection and disinfestation work is as follows :—

Visits made in connection with infectious disease ... 45

Disinfection carried out after :—

Tuberculosis ... 38

Other infectious disease ... 8

Dwelling-houses treated for Bug Infestation ... 24

Disinfestation with D.D.T. solution was carried out at twenty-four dwelling-houses. The type of vermin was as given herewith :—

Bugs ... 22 houses

Fleas ... 1 house

Body Lice... 1 house

In the case of bug infestation, five related to tenants moving into Corporation houses from bug-infested premises. Three other cases were in Corporation-owned houses.

The house treated for infestation of body lice in a bed proved to be a very interesting case. A lodger who had left the premises concerned was traced to another address, where he was found to be infested. He volunteered to have his clothes and himself disinfested, such treatment being carried out at the Municipal Hostel.

One hotel kitchen was treated for steam flies with what appeared to be a very satisfactory result.

MATERNITY AND CHILD WELFARE

The volume of work carried out during the year as assessed by home visits of Health Visitors, attendances at Welfare Centres and Ante-Natal Clinics, was slightly higher than in the previous year.

It is satisfactory to note, as mentioned in the section of this Report dealing with Infant Mortality, that the low infant mortality rate for 1947 is some indication that present-day activities of the Welfare Authority are contributing towards this satisfactory situation, especially when it is realised that nearly half the infant deaths are due to congenital causes over which, as yet, there is not as much potential control as there may be in days to come.

Maternity and Child Welfare activities, if they are to remain popular and be patronised by the child-bearing section of the community, must adapt themselves to changing circumstances.

In this connection it is put forward as a suggestion for future action that it may be desirable and necessary to acquire and adapt, or, better still, to erect a new building for Welfare Centre, Ante-Natal and Child Health services in the Monkmoor-Crowmoor area of the town owing to the past, present and future housing developments in that area. It is irksome for mothers to have to bring their babies in perambulators a considerable distance through traffic-laden streets to the Health Centre.

Such a building would also cater for those living in the Abbey Foregate and Wenlock Road areas, where further housing developments are likely to take place.

As to whether such a building could be incorporated in a Community Centre or in a Health Centre under the National Health Service Act is a matter for those who will deal with planning generally.

At present two Welfare sessions weekly are held at the White House Clinic, Ditherington, to serve Castle Fields, Ditherington and Harlescott, or one-third of the town.

At the Health Centre two Welfare sessions weekly are held to cater for the remaining two-thirds of the town.

If a third Welfare Centre were to be provided, it need not necessarily require an increase of staff, as the two sessions at the White House Clinic could be reduced to one weekly, although, as the premises are rather small, it might entail some overcrowding on occasions, and the other two Welfare Centres could each be staffed by a separate Health Visitor.

Although it is stated that if a third Welfare Centre, etc., were to be provided, it need not entail an increase of staff, it must be understood that this assumption is based on the present duties of Health Visitors.

As under the National Health Service Act, the scope of a Health Visitor is to be widened considerably, such new circumstances themselves may need an increase over the present staff of three Health Visitors for a population nearing 45,000.

VISITS OF HEALTH VISITORS

	Ante-Natal Visits	Under 1 year		1-5 Years Visits	Infant Death Enquiries	Still-birth Enquiries	Child Life Protection Visits	Miscellaneous Visits	Total
		First Visits	Return Visits						
January ...	32	74	158	321	5	2	3	7	602
February ...	25	61	150	308	2	1	—	4	551
March ...	31	51	110	261	1	—	—	4	458
April ...	32	76	143	197	4	—	3	31	496
May ...	41	81	186	304	3	1	12	15	643
June ...	30	71	171	423	—	6	—	10	711
July ...	24	72	131	360	1	2	5	3	588
August ...	43	72	193	521	—	4	7	10	850
September ...	24	68	152	408	3	—	2	56	713
October ...	50	60	162	380	2	—	2	24	680
November ...	45	60	149	401	2	—	—	6	663
December ...	45	51	131	302	—	1	11	7	548
Total ...	422	797	1836	4186	23	17	45	177	7503

WELFARE CENTRES

		Under 1 year		1-5 years	
		Health Centre	White House	Health Centre	White House
New Cases	Borough	287	204	50	25
	County	23	2	8	1
		516		84	
Total Attendances of Old and New Cases		3450	2508	1193	1055
		5958		2248	

The amount of work done at each session may be gauged from the following average numbers :—

	Health Centre	White House
Average attendance of Mothers each afternoon...	43	30
Average attendance of Children each afternoon...	45	35
Average number of Children medically examined	14	13

(The above average numbers include mothers and children resident outside the Borough.)

Other activities may be summarised as follows :—

Number of Mothers who received Dental Treatment	...	28
Number of Children who received Dental Treatment	...	27
Number of Home Helps provided	... ..	51
Number of Children treated at Orthopaedic Clinic	...	118
Number of Children admitted to Orthopaedic Hospital	...	3
Number of pounds of Dried Milk supplied	... ..	2,834

Ante-Natal Clinic

The following figures show the work that has been done :—

Number of Sessions held	... ..	64
Number of Patients examined :—		

Ante-Natally	... ..	*497	} 504
Post-Natally	... ..	8	
Total number of attendances	... ..	*1,063	

* 22 and 28 respectively of these numbers refer to women resident outside the Borough.

Of the 364 new Borough patients examined, the reference of the patients to the Ante-Natal Clinic was brought about as follows :—

By whom referred	For Ante-Natal Examination	For Post-Natal Examination
Doctors	... 100	—
Midwives	... 28	—
Health Visitors	... 29	7
Own Initiative	... 199	1

Of the 475 women examined Ante-Natally, 313 were known to have been confined during the year, and the results of the confinements were as follows :—

Number of Live Births	...	...	...	...	295
Number of Stillbirths	...	...	...	...	10
Number of Miscarriages and Abortions				...	8
No record of birth (<i>e.g.</i> , left town, etc.)				...	31
Not yet confined	...	...	...	...	131
Confinements at own home	...	...	...		71
Confinements at Maternity Home		...	...		242
Deaths as a result of or following confinement	...				1

Maternity Beds

The number of confinements of Shrewsbury women at the County Council Hospital during the year was 281.

Maternal Mortality and Morbidity

The following figures relate to Maternal Mortality and Morbidity statistics during the year :—

Cases of Puerperal Pyrexia notified	...	...		4
Cases of Puerperal Pyrexia removed to Hospital (3 cases already in Hospital or Nursing Home)	...	...	...	1
Deaths from Puerperal Sepsis	...	...	...	Nil
Deaths from other Puerperal causes	...	...	...	2
Maternal Mortality Rate	...	...	...	2.4

The services of the Council's Obstetric Consultant were required on one occasion.

There were no consultations in respect of Puerperal Pyrexia.

Women's Clinic

A monthly clinic conducted by a voluntary body is held at the Health Centre, at which a woman doctor gives contraceptive advice only to those women in whose case further pregnancy, as certified by a medical practitioner, would be detrimental to their health.

The work carried out during the year as supplied by Dr. Burnett was as follows :—

New Patients	...	45	{ 27 referred by General Practitioners.
			{ 4 referred from Tuberculosis Clinic.
			{ 14 referred from County Council Hospital.
Old Patients	...	106	(for renewal of supplies).

CHILD LIFE PROTECTION

The three Health Visitors act as Child Protection Visitors.

In the majority of cases, foster children are brought to the Welfare Centres, as well as being supervised in their homes.

The number of persons receiving children for reward on the register at the end of the year was seven.

The number of children on the register at the same date was seven.

The two Institutions who maintain children under 9 years of age for reward, and are periodically inspected by the Home Office or the Ministry of Health, contained fifty-two of such children at the end of the year.

Both these Institutions inform the Health Department of admissions and discharges of children.

HOME HELPS SERVICE

Reference to the initiation of the above Service, which came into operation in January, 1947, was made in last year's Report.

Despite local announcements and circularisation, the response by the public in the form of applications for the services of a Home Help was not what might have been expected.

When the Service took root and became established, as the year advanced, however, applications increased.

Great credit is due to the W.V.S. County Organiser (Mrs. Martin Wilson) for her energy and enthusiasm in inaugurating and organising the Service.

A Home Helps Office has been established in the centre of the town, and is staffed by a whole-time clerical assistant, with a

deputy, under the general supervision and control of the W.V.S. County Organiser.

At the outset there was one full-time Home Help, whereas at the end of the year there were eleven whole-time and three part-time Home Helps.

Very few complaints about the work of Home Helps have been received during the year, and there was only one case of impunctuality.

There has been a considerable turnover of the number of Home Helps employed, a total of thirty-five having been engaged during the year, but many of these were part-timers. It has been found by experience that part-timers do not remain, as continuous work cannot be guaranteed for them.

A statistical summary of the work done during the year is given as follows :—

	Maternity	General	Total
Number of hours worked by Home Helps	5,717	10,221	15,938
Applications :—			
New households booked ...	61	120	181
Applications cancelled ...	8	12	20
Applications renewed and attended	—	19	19
Householders' Assessments :—			
Full Rate	16	95	111
Subsidised Rate	45	25	70
Cancelled cases—			
Full Rate	4	10	14
Subsidised Rate	4	2	6
Renewed cases—			
Full Rate	—	14	14
Subsidised Rate	—	5	5
Householders' Payments ...	£173/8/4	£541/15/10	£715/4/2

Types of General Cases Attended

		Old People Suffering from Illness	Post Operation Cases	Serious Illness	Miscell- aneous	Total
Households attended	...	58	8	40	14	120
Applications cancelled	...	7	1	4		12
Applications renewed and attended	... ..	7	4	4	4	19

Out of two hundred total cases attended during the year, sixty-one, or over one quarter, were Maternity cases.





